

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1. Date of Request: <u>3/15/96</u>		2. Serial/Patent #: <u>08/578343</u>		
3. Please refund the following fee(s):		4. PAPER NUMBER	5. DATE FILED	6. AMOUNT
<input checked="" type="checkbox"/>	Filing	1	12-26-95	\$ 88.00
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7. TOTAL AMOUNT OF REFUND		\$ 88.00
		8. TO BE REFUNDED BY:		
		<input type="checkbox"/>	Treasury Check	
		<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 06 -- 12 05 </div>	
10. REASON:				
<input checked="" type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input type="checkbox"/>	No Fee Due (Explanation):			
11. REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>P. Br. 82</u>		TITLE: <u>Legal Clerk</u>		
SIGNATURE: <u>Paul Br. 82</u>		PHONE: <u>308-2024</u>		
OFFICE: <u>OPAR - Team</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Stephanie Graham</u>		DATE: <u>5-28-96</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**